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# THIRTY-FOURTH ANNUAL REPORT

OF THE  
UNIVERSITY OF ILLINOIS  
HEALTH SERVICE

1949-1950



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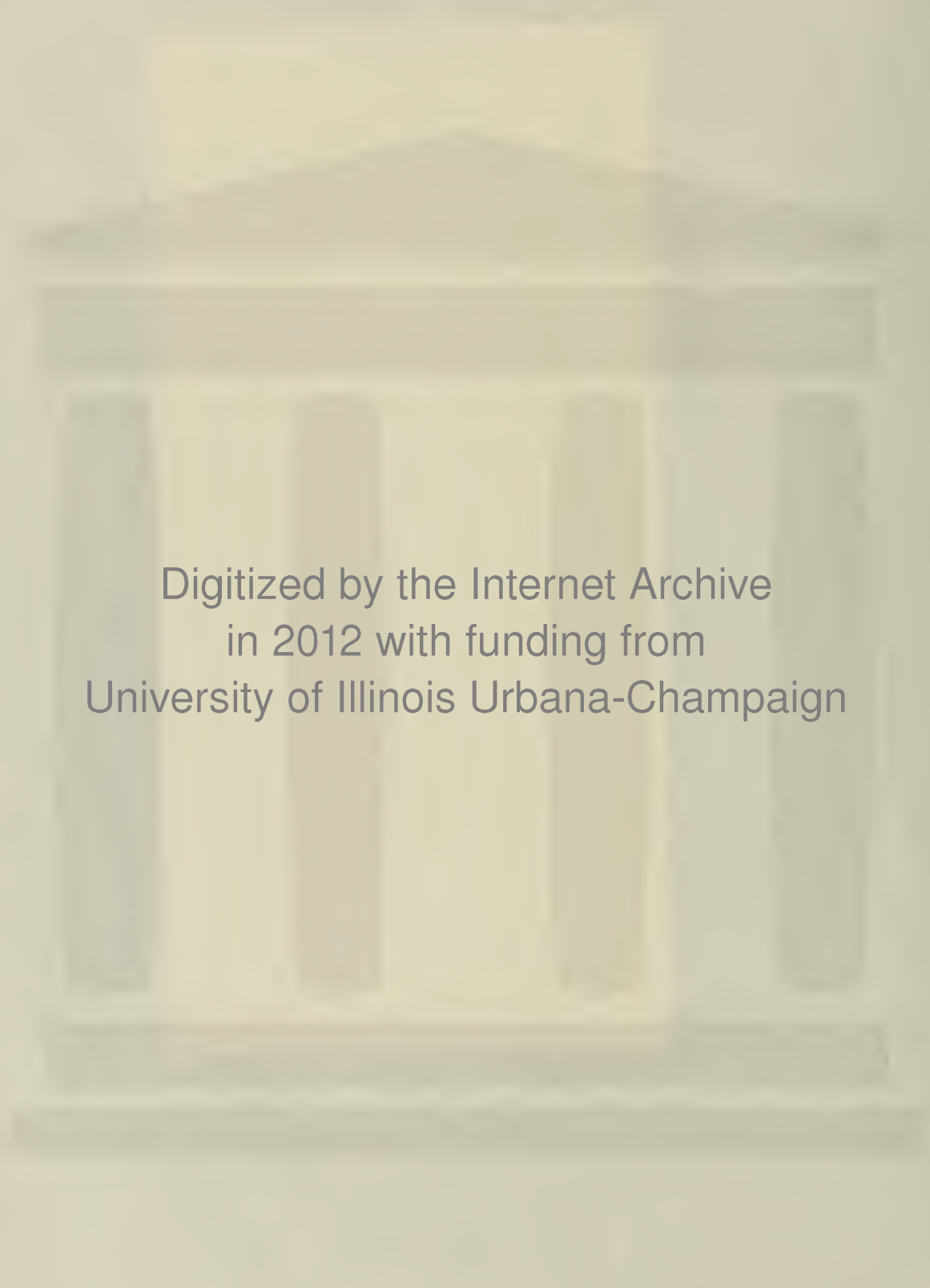
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UNIVERSITY OF ILLINOIS

HEALTH SERVICE

Departments in Urbana-Champaign

Thirty-fourth Annual Report  
1949-1950

H. L. LAWDER, M.D.  
Acting University Health Officer

Urbana-Champaign, Illinois

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## TABLE OF CONTENTS

	Page
COMMUNICABLE DISEASE	12
GENERAL DISCUSSION	1
GENERAL PRACTITIONER AND THE HEALTH SERVICE	13
HYGIENE	
Hygiene 102 and 105, Elementary Hygiene and Sanitation	13
Hygiene 110, Public Health	14
Hygiene 216, Health Factors and First Aid	14
Hygiene X-103, Extension Course	14
Hygiene X-225, Extension Course	15
Proficiency Examination	13
MCKINLEY HOSPITAL	13
ORGANIZATION	1
SERVICES	
Accidents to Employees	12
Applicants for Marriage Certificates	6
Civil Aeronautics Administration Examinations	6
Employees	3
First-Aid Cabinets	11
Foodhandlers	6
Laboratory Service	6
Mental Hygiene	7
Oral Hygiene	9
Requests for Information	11
Retirement System	4
Special Service at University Events	11
Students	2
Tuberculosis Control Program	7
University High School Students	3
Vaccinations and Immunizations	11
STATE LABORATORY SERVICE	12
TABLES	
Academic Employees, Classification of Ratings	17
Communicable Diseases, Classification of	29
Laboratory Tests, Types of	28
"Risk Not Acceptable", Reasons for Classification of - University Retirement System	17
"Substandard Risk", Reasons for Classification of - University Retirement System	18
Visits to the Health Service, Classification of	16
X-rays	29









## MEMORIAL TO DOCTOR J. HOWARD BEARD

Doctor J. Howard Beard, Professor of Hygiene, Head of the Department of Health Service, University Health Officer, and Medical Director of the University Retirement System, died in McKinley Hospital on April 5, 1950. He had suffered a heart attack two weeks before, and after marked improvement, died suddenly from another severe episode.

He came to the University of Illinois in 1912 as Instructor in Physiology; in 1915 he was made Medical Examiner; in 1916 he was appointed University Health Officer; in 1924 he was named Professor of Hygiene, and in 1932, Head of the Department; in 1935 he was made Head of the Department of Health, and in 1941, he was appointed Medical Director of the University Retirement System.

Doctor Beard's services to the University, as indicated by his official titles, were numerous. His services over the years resulted in the development of the Health Service Station as a medical examining, advising, and consulting unit for students and staff.

While his services to the faculty through the Retirement System and to the nonacademic staff in emergency care must not go unmentioned, Doctor Beard's greatest services were those which he rendered to the student body and the entire University Community as a public health officer. His specialization at Johns Hopkins University was in the field of public health. His first dramatic action as health officer was to establish an isolation hospital to remove students ill from contagious disease from the primitive community "pest house" where they had been forced to go. He directed the University Community through the influenza pandemic of 1918, with one of the most remarkable records in the country during this disaster. He repeatedly anticipated minor epidemics, prepared for them with emergency hospital units, and on occasion opened these units with complete success.

He was a man of rare character and personality, conscientious, sincere and kindly; he never failed to cooperate with other University officials. All of his deeds were characterized by his unfailing ability and integrity, and he refused to deviate from the highest principles of his profession. With his deep understanding of health problems, he was not a man who would compromise. If necessary, he stood alone for the complete enforcement of accepted standards in matters of public health.

He was a fellow of the American Medical Association, a member of the American Public Health Association, and the Champaign County and Illinois State Medical Societies. Other memberships included those in the Cosmopolitan Club, in which he took a great interest, Omega Beta Pi, pre-medical fraternity, and Delta Chi Fraternity.









TO THE PRESIDENT OF THE UNIVERSITY

Sir:

I have the honor to present herewith the Thirty-fourth Annual Report of the activities of the University Health Service.

The period covered is from July 1, 1949 through June 30, 1950.

#### ORGANIZATION

The need for a Health Service was demonstrated during an epidemic of Scarlet Fever in February, 1915; but it was not until a year later, September, 1916, that a Health Officer was appointed and an office was opened. In September, 1916, an office was opened at 1210 Springfield Avenue, Urbana. After a few months it was moved to the southwest part of the Men's Old Gymnasium. It remained there until 1919 when it was moved to the President's former home on Wright and Green Streets. In August, 1947, Davenport House, 807 South Wright Street, Champaign, Illinois was remodeled for use by the Health Service Station which is its present location.

The first additions to the personnel of the Health Service were in 1919; since then additions to the staff have been made to keep pace with the growth and progress of the University community.

#### GENERAL DISCUSSION

Dr. J. Howard Beard, University Health Officer from 1916 to 1950, passed away April 5, 1950 in McKinley Hospital. Dr. Homer L. Lawder, who was Assistant to the University Health Officer at that time, was appointed Acting University Health Officer.

Our work load has continued to increase, as will be shown in the tabulations which follow. It is gratifying to have this evidence of increasing acceptance and fulfillment of our need.



Authorization and funds were provided in April, 1950 for the addition of three full-time nurses to our staff. This has helped speed up the traffic-flow of patients through the Health Service.

Complete physical examinations were given to 6,695 students, 66 University High School students, 992 Civil Service employees, 674 Academic Staff members, and 2,294 prospective participants in the Retirement System -- a grand total of 10,721 medical examinations.

### SERVICES

Students made 36,271 visits to the Health Service, employees 4,847, and others 1,485, making a grand total of 42,603 calls for the year. See Table I for classification of visits.

#### I. University Students

The University maintains a Health Service for students to promote their physical and mental health, to control communicable disease among them, and to teach them the essentials of healthful living. Its methods are classroom instruction, periodic physical examinations, personal conferences, and the demonstration of disease control. As the functions of the Health Service are primarily educational and preventive, its staff does not assume responsibility for the care of students beyond giving medical advice, emergency treatment, and referral to competent specialists and practitioners of medicine. Any student in the University is privileged to consult with the medical staff at any time concerning a problem of physical or mental health.

All students entering the University for the first time are required to have an entrance physical examination. The student is given a general examination including dental, urinalysis, and a chest X-ray. Special examinations, when indicated, are done at a later date.



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During the year, 15 men were recommended for excuse from Military permanently, and 142 temporarily.

There were 4 men and 135 women excused from regular physical education permanently, and 48 men and 61 women were deferred temporarily. Two men were transferred to regular physical education as the result of their improved physical condition; 31 women and 134 men dropped regular physical education to take prescribed exercises; and 108 men changed their type of physical education and Military temporarily.

Students suffering from certain forms of dermatitis, sinusitis, infection of the middle ear, or perforation of the eardrum were transferred from swimming to forms of exercise less likely to aggravate their condition. A total of 534 recommendations were made to change students from one type of physical education to another or for other modification of the exercise they were taking.

There were 24,764 students enrolled in the University at Champaign-Urbana during the academic year 1949-50. All but a very few of these called at the Health Service one or more times during the year for a total of 36,271 visits. Of this total, 6,695 calls were made by students because of the required physical examination.

## II. University High School Students

A total of 66 pupils seeking admission to the University High School were examined. Of these, 29 were boys and 37 were girls.

## III. Employees

A. Academic - Pre-employment examinations and emergency treatment is provided for all members of the Academic staff. For the year 1949-50 there were 674 Academic employees examined. Of

During the first 10 and 20 years respectively the average time will

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this group 545 were men and 129 were women. See Table II for a summary of the classifications.

B. Nonacademic - In addition to pre-employment examinations, emergency care and "on the job treatment" for service connected accidents is offered to all Nonacademic employees. Physical examinations of Nonacademic personnel totaled 992. Of these, 404 were men and 588 were women. Nonacademic employees made 5,212 visits to the Health Service Station.

#### IV. Retirement System

##### Medical Examinations

##### University of Illinois -- Urbana

Of the 2,294 prospective participants examined for the Retirement System in Urbana, 60 were found to have physical or mental conditions which would make them "Risks Not Acceptable" for "standard insurance on life or endowment plans and disability coverage" when measured by the usual yardsticks of insurance underwriters. The reasons for this classification are given in Table III.

There were 417 found to be "Substandard Risks". The reasons for this classification are given in Table IV.

In many instances, the reasons for rating as "Risk Not Acceptable" and "Substandard Risk" are not only reasons for declining to insure, or if at all at greatly increased premiums, in standard insurance practice, but are of such gravity as to impair mental alertness, create emotional instability, and decrease physical effectiveness.





### Other Participating Institutions

As the University Health Officer of the University of Illinois, Urbana, is also the Medical Director of the University Retirement System of Illinois, the medical records of all participating institutions in the Retirement System are processed and kept in Urbana. A listing of those which have been so processed for the year follows:

#### University of Illinois:

Chicago Professional Colleges	673	
Navy Pier (Undergraduate Division)	31	
Division of Services for Crippled Children	<u>131</u>	835

#### Teacher Colleges:

Eastern Illinois State College	65	
Illinois State Normal University	75	
Northern Illinois State Teachers College	69	
Southern Illinois University	122	
Western Illinois State College	<u>34</u>	<u>365</u>

Total..... 1,200

The handling of the above entails voluminous correspondence in order to clarify and complete the records as well as to acknowledge them and inform all authorized officials of their ratings.

### Disability Claims

All new disability claims as well as rechecks of established claims of the entire System are investigated by correspondence (in Urbana by personal examination also) and recommendations as to their validity are made to the Retirement System. The following gives a listing of new and recheck



disabilities, and the amount of correspondence and copy work required to accomplish the task:

New Disabilities

Number processed - - 85

Number of letters written	353
Number of forms and letters copied	262

Recheck Disabilities

Number processed - - 63

Number of letters written	150
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V. Civil Aeronautics Administration Examinations

Since the inauguration of instruction in flying at the University airport, 87 prospective students of aviation were examined at the University Health Service. Of this total, 78 were men and 9 were women. These examinations were in accordance with the requirements of the Civil Aeronautics Administration.

VI. Foodhandlers

During the year 1949-50, 946 foodhandlers were examined to determine their physical fitness and disease carrier status. Of this group 733 were vaccinated for protection from Smallpox and 928 were immunized against Typhoid.

VII. Applicants for Marriage Certificates

A total of 133 pre-marital examinations were given during the year.

VIII. Laboratory Service

In caring for students and employees, 13,366 laboratory tests were made. There were 8,975 tests done at the Health Service Station





and 4,391 by the Branch Laboratory of the State Department of Public Health at 505 South Fifth Street, Champaign, Illinois. For types of tests see Table V.

#### IX. Tuberculosis Control Program

All students and University employees receive a chest X-ray as a part of their required physical examination. Students are X-rayed on a 4" x 5" photoroentgenogram as a screening process. All suspicious cases are followed with a full-size, 14" x 17" film and according to varying degrees of pathology, sputum tests and tuberculin tests are required at various intervals. The initial X-ray given to employees is a 14" x 17" film.

Through the help and cooperation of the Division of Tuberculosis Control of the State Department of Public Health, a total of 11,839 chest roentgenograms were made of members of the University population. See Table VI.

#### X. Mental Hygiene

"The academic year 1949-50 was the fourth year a full-time psychiatric service has been offered by the Health Service. The staff has consisted of a part-time psychiatrist, a full-time clinical psychotherapist, and a part-time social worker, a reduction from the staff employed last year. It is recognized that this staff has been inadequate to meet the growing demand for psychiatric services and arrangements are being made to augment it. With the pressure of work and the lack of a confidential secretary, statistics of referrals and contacts have not been kept.

"The bulk of work has been with patients whose problems of emotional, social, or academic adjustment have produced or were con-



sidered likely to produce psychosomatic symptomatology. Because of limited staff, it has been necessary to focus attention primarily on the more serious disorders, which has decreased the opportunity for preventive and educational work and for the treatment of relatively mild disorders.

"Referrals have been made by other physicians at the Health Service, by local physicians, and by administrative and teaching staff members, but the majority of patients have been self-referred, having learned of the service from friends or from orientation material distributed to new students and staff. The caseload has been divided between undergraduate students, graduate students, and staff members. Very few requests for help have come from Nonacademic personnel and these have come solely through the office of the Nurse for Nonacademic Personnel. This, in conjunction with the fact that such referrals invariably involve severe disturbances, would seem to indicate that the lack of understanding and fear of psychiatry on the part of less educated persons prevents a request for help until the problems become acute.

"The prominence of combat or service experiences as causes of neurotic symptoms and emotional disturbances in returning veterans, which was one of the major reasons for establishing this service, has almost disappeared. Although both symptoms and underlying causes show considerable variety, the two greatest causative factors during the past year have been the pressure toward high academic achievement and the relatively high level of social maturity expected of University students and staff. While such tensions alone would not, in the majority of cases, produce neurotic adjustments or breakdowns, the increased com-







petition in all areas during the post-war years has undoubtedly intensified any feeling of inadequacy, anxiety, or depression which an individual may previously have possessed. This is particularly true of students and junior staff members in preprofessional or professional programs where competition is keenest.

"The major problem during the past year has been to try to meet the growing demand for psychiatric service. A much larger staff is needed. The opportunity for badly needed preventive and educational work in the area of mental hygiene is greatest with University students who are largely still in a developmental stage, emotionally, socially, and professionally. A larger staff would be able to fill this need, of necessity largely neglected during the past year, as well as to treat promptly those mental and emotional disorders which otherwise prevent many able persons from making full and constructive use of the educational facilities offered by the University."

(David M. Jordan, M. D.)

#### XI. Oral Hygiene

"Although the association of a dentist with the University Health Service has been in effect a little over two years, it is becoming increasingly evident of the need for such an association. The number of students presenting themselves for dental examination and consultation is steadily increasing and will continue to do so until the entire student body will have come in contact with the University Dentist while taking their routine physical examination at the time of entrance into the University.

"The need for dental health education as evidenced by the conditions existing in many student mouths, is very great in an insti-



tution the size of the University of Illinois. Considerable work in this respect is done at the dental chair and if student interest is any criterion, it is not only heartening but also stimulating to the carrying on of such a program.

"In addition to chair-side dental health education, a lecture on Oral Hygiene was given to each freshman Hygiene class during the first semester. It is regretted that due to a shortage of staff members during the second semester which imposed a heavy teaching load upon the remaining staff members, the lecture had to be omitted.

"Because such matters as dental caries control, importance of early and regular dental care, and the responsibility of parents toward the teeth of their offspring are particularly emphasized, it is hoped that over a period of years such a lecture will have a beneficial effect upon the teeth of future generations of those to whom the lecture is given.

"The present dental equipment has greatly facilitated the examining of mouths. Because of a steady increase in the number of cases of cancer of the mouth and throat which are being discovered, a search for any suspicious lesions is made a routine procedure in all examinations of the oral cavity, notwithstanding the fact that comparatively few cases exist in teen-age groups.

"Because of the large number of students on the campus and because they come from all walks of life and from practically all parts of the world, it is believed that a wonderful field for dental research presents itself. Accordingly, it is planned to inaugurate a research program in the very near future which will have as its purpose, the evaluation of chemotherapy as a factor in dental caries control."

(G. F. Kolar, D. D. S.)





### XIII. Vaccinations and Immunizations

Typhoid Fever and Smallpox vaccines were furnished free by the State Department of Public Health. These biologicals were used both for the required Smallpox immunization of new Civil Service employees and all individuals who wished to be certified to serve food on University property. There were 935 Smallpox vaccinations given, and 1,222 persons were immunized against Typhoid Fever.

### XIII. First-Aid Cabinets

A total of 212 first-aid cabinets are being maintained in the various buildings on the campus. They are visited weekly or twice-weekly, depending upon their location and use, to replace supplies as needed.

### XIV. Special Service at University Events

It has been customary for a number of years that members of the Health Service Staff, upon request, attend certain University functions in order to provide emergency medical treatment if necessary. This service is given at the Physical Education Tournaments, Farm and Home Week Programs, Commencement Exercises, and certain sports events.

In cooperation with other departments, the offices of the Health Service are available in cases of emergencies to guests of the University. Its facilities are offered to those attending 4-H Club Conventions, short courses given by the University, etc.

### XV. Requests for Information

A total of 17 citizens of the State have requested information on various aspects of public health. Requests were also received for reprints of articles by members of the Department and for copies of forms used by the Health Service. Questionnaires from numerous sources have been many, varied, and often quite comprehensive. This form of survey

## III. Conclusions and Recommendations

The study of the development of the human mind from birth to adulthood is a complex task. It requires a multidisciplinary approach, drawing on psychology, biology, sociology, and education. The purpose of this study was to explore the factors that influence cognitive development and to provide recommendations for promoting optimal growth. The findings suggest that a combination of genetic, environmental, and educational factors play a significant role in the development of the human mind. It is recommended that parents and educators provide a rich and stimulating environment for children, encouraging exploration and learning. Further research is needed to better understand the complex interactions between these factors.

## IV. References

1. Piaget, J. (1952). *The Theory of Cognitive Development in the Child*. New York: International Universities Press.

2. Vygotsky, L. S. (1978). *Mind in Society: The Development of Higher Mental Functions*. Cambridge, MA: Harvard University Press.

## V. Appendix A: Interview Schedule

The following schedule of interviews was developed for the purpose of gathering data on the factors influencing cognitive development. The interviews were conducted with parents and educators, focusing on their perceptions of the child's development and the environment. The schedule includes a series of open-ended questions designed to explore various aspects of the child's life, including their cognitive abilities, social interactions, and educational experiences. The interviews were conducted over a period of six weeks, with each session lasting approximately 45 minutes. The data collected from these interviews will be used to inform the conclusions and recommendations of the study.

## VI. Appendix B: Interview Schedule

The following schedule of interviews was developed for the purpose of gathering data on the factors influencing cognitive development. The interviews were conducted with parents and educators, focusing on their perceptions of the child's development and the environment. The schedule includes a series of open-ended questions designed to explore various aspects of the child's life, including their cognitive abilities, social interactions, and educational experiences. The interviews were conducted over a period of six weeks, with each session lasting approximately 45 minutes. The data collected from these interviews will be used to inform the conclusions and recommendations of the study.



is becoming more popular, therefore, the time requested of individuals to fill them out has increased.

#### XVI. Accidents to Employees

The Health Service took care of 560 accidents which occurred to University employees in the line of duty. It was necessary to have 95 roentgenograms made in order to determine the presence or absence of bone damage. Of those injured, 448 required only minor medical attention and 112 were referred to outside surgeons or specialists for prolonged treatment. It was necessary to hospitalize 17 employees. The total number of non-industrial accidents reported was 27. There was one X-ray to determine something other than bone pathology.

#### COMMUNICABLE DISEASE

The incidence of communicable disease in the student body showed a decrease over last year; the total number of cases in 1949-50 was 272 and in 1948-49 was 389. For the types see Table VIII.

Occurrence of communicable diseases in the families of faculty members and Civil Service employees totaled 67.

#### STATE LABORATORY SERVICE

Various laboratory services were given to students and Civil Service employees as a part of the routine work of the Health Service. In many instances these tests were essential either in making effective the regulations of the University concerning foodhandlers or in diagnosing and in controlling communicable disease. Bacteriological tests (see Table V) were made by the Branch Laboratory of the State Department of Public Health at the request of Health Service physicians on specimens submitted.





## THE GENERAL PRACTITIONER AND THE HEALTH SERVICE

The Medical Staff of the Health Service has had the most helpful cooperation of local and family physicians in caring for students and injured employees. A total of 911 letters and memoranda have been received concerning the physical condition of students and employees who are or have been patients of these doctors.

### MCKINLEY HOSPITAL

The facilities of the McKinley Hospital are a great insurance for the student body. A total of 2,235 students were admitted to the Hospital for 9,940 days, an average of 4.44 days per patient.

### HYGIENE

#### I. Proficiency Examination

A total of 178 students passed the proficiency test in Hygiene and received credit. Distribution by colleges is given below.

#### Classification of Those Who Passed Hygiene 102 and 105 Proficiency Examinations by Colleges

Agriculture	22
Commerce	14
Education	2
Engineering	14
Fine and Applied Arts	13
Journalism	1
Liberal Arts and Sciences	109
Physical Education	<u>3</u>
Total	178

#### II. Hygiene 102 and 105. Elementary Hygiene and Sanitation

The registration in Elementary Hygiene and Sanitation is given in the following summary.



Summary of Registration in Elementary Hygiene

<u>Period</u>	<u>Hygiene 102</u> <u>Women</u>	<u>Hygiene 105</u> <u>Men</u>	<u>Total</u>
First Semester	477	878	1355
Second Semester	<u>499</u>	<u>822</u>	<u>1321</u>
Total	976	1700	2676

In Hygiene 105 there were 18 sections the first semester, and 16 the second semester. In Hygiene 102 there were 10 sections the first and second semesters.

III. Hygiene 110. Public Health

This is an advanced course in hygiene for coaches, physical education majors, and teachers. There was a total registration of 135 students.

IV. Hygiene 216. Health Factors and First Aid

A total of 13 students enrolled in the Occupational Therapy curriculum received special instruction in Hygiene 216 during the past academic year. Hygiene 216 is offered one semester per year.

V. Hygiene X-103. Extension Course

In cooperation with the Director of the University Extension Service, a correspondence course in hygiene has been offered which had an irregular registration of approximately 35 students. This corresponds with Hygiene 102 and 105. The quality of work presented by those taking it is most satisfactory. This training should better prepare them to protect themselves and their families and to function more intelligently as citizens interested in improving living conditions in their community.



VI. Hygiene X-225. Extension Course

At the request of the Dean of the Division of University Extension, a correspondence course on Public Health Problems has been continued. This corresponds with Hygiene 110. During the year, there has been an average registration of 7 students. The type of work they are doing is highly satisfactory.









TABLE I  
CLASSIFICATION OF VISITS TO THE HEALTH SERVICE

Student

Diseases of:	Circulatory System	89	
	Communicable (all reportable)	32	
	Digestive Tract	921	
	Endocrine Disorders	6	
	Excretory Systems	14	
	Muscles, Bones, Joints, etc.	610	
	Nervous System	89	
	Reproductive Systems	40	
	Respiratory Tract	2875	
	Skin	2130	
	Special Sense Organs	652	
Injuries:	Bites	49	
	Brain Injuries	3	
	Contusions	529	
	Foreign Bodies	147	
	Fractures	24	
	Injuries due to heat & cold	128	
	Sprains & Strains	578	
	Wounds	242	
Observation:		172	
Miscellaneous:		14264	
Revisits:		5982	
Physical Examinations:		<u>6695</u>	
			36271

Employees

Diseases of:	Circulatory System	5	
	Communicable (all reportable)	7	
	Digestive Tract	37	
	Endocrine Disorders	--	
	Excretory Systems	2	
	Muscles, Bones, Joints, etc.	52	
	Nervous System	4	
	Reproductive Systems	6	
	Respiratory Tract	127	
	Skin	139	
	Special Sense Organs	52	
Injuries:	Bites	9	
	Brain Injuries	1	
	Contusions	81	
	Foreign Bodies	46	
	Fractures	5	
	Injuries due to heat & cold	31	
	Sprains & Strains	50	
	Wounds	89	
Observation:		10	
Miscellaneous:		761	
Revisits:		1667	
Physical Examinations		<u>1666</u>	
			4847
			<u>1485</u>
<u>Other</u>			<u>42603</u>
	GRAND TOTAL		





TABLE II

Academic Employees  
Classification of Ratings

	<u>Men</u>	<u>Women</u>	<u>Total</u>
Standard Risks	464	103	567
Substandard Risks	67	25	92
Risks Not Acceptable	<u>14</u>	<u>1</u>	<u>15</u>
Total	545	129	674

TABLE III

Reasons for Classification of "Risk Not Acceptable"  
for the University Retirement System

1. Age 48, Hypertension, Overweight, Varicosities.
2. Age 48, Hypertension, Overweight.
3. Age 27, Hypertension, Heart murmurs.
4. Age 56, Obesity.
5. Age 30, Hypertension, Heart murmur.
6. Age 34, Pneumothorax.
7. Age 58, Chronic constipation, Slight murmur.
8. Age 44, Dyspnea, Nervous breakdown.
9. Age 34, Nervous breakdown.
10. Age 41, Pulmonary tuberculosis, Collapsed lung.
11. Age 50, Overweight, Otitis externa.
12. Age 28, High blood pressure.
13. Age 29, Albumin & sugar in urine.
14. Age 38, Overweight, Sugar in urine.
15. Age 41, Overweight, Hypertension.
16. Age 30, Hypertension, Overweight.
17. Age 29, High blood pressure.
18. Age 60, Diabetes.
19. Age 29, Hypertension.
20. Age 28, Hypertension.
21. Age 32, Kidney removed.
22. Age 21, Murmur, Overweight.
23. Age 39, High blood pressure, Albuminuria, Operation of brain tumor.
24. Age 34, Pneumothorax, Underweight.
25. Age 59, Hypertension.
26. Age 59, Hypertension, Varicose veins.
27. Age 24, Underweight.
28. Age 31, Duodenal ulcer.
29. Age 26, Hypertension, History of nephritis.
30. Age 22, Tachycardia, Underweight.
31. Age 30, Nervous breakdown.
32. Age 49, Hypertension.
33. Age 49, Anostosis.
34. Age 31, Nervous breakdown, Cardiac lesion, Hypertension.



TABLE III (Continued)

Reasons for Classification of "Risk Not Acceptable"  
for the University Retirement System

35. Age 57, Hypertension, Voice impaired.
36. Age 25, Murmur & heart lesion.
37. Age 32, Hypertension.
38. Age 30, Diabetes.
39. Age 26, Overweight, Hypertension.
40. Age 66, Hypertension, Varicose veins.
41. Age 29, Overweight, Hypertension.
42. Age 58, Murmur, Hypertension, Hemorrhoids.
43. Age 28, Hypertension, Overweight.
44. Age 29, Hypertension.
45. Age 23, Cardiac murmurs.
46. Age 47, Overweight, Hypertension.
47. Age 55, Peritonitis.
48. Age 31, Obesity, Albuminuria.
49. Age 20, Attacks of amnesia, Rhinitis, Bronchitis.
50. Age 31, Hypertension.
51. Age 27, Underweight, Soft areas in apices.
52. Age 50, Obesity, Varicose veins.
53. Age 27, Diabetes.
54. Age 26, Rheumatic fever.
55. Age 53, Hypertension.
56. Age 41, Thyroid therapy, Post nasal drip.
57. Age 21, Hypertension.
58. Age 33, Hypertension, Cardiac disease.
59. Age 32, Diabetes mellitus.
60. Age 22, Irregular area in left lobe.

TABLE IV

Reasons for Classification of "Substandard Risk"  
for the University Retirement System

1. Age 33, Idiopathic lymphedema.
2. Age 25, Underweight, Chronic constipation.
3. Age 39, Hypertension.
4. Age 27, Nervousness.
5. Age 40, Hernia.
6. Age 23, Nervousness, Headaches.
7. Age 33, Area of involvement in lung.
8. Age 36, Hypertension.
9. Age 45, Abdominal adhesions.
10. Age 25, Overweight.
11. Age 24, Thyroid medication.
12. Age 26, Underweight.
13. Age 39, Congenital hemolytic jaundice.
14. Age 31, Otitis media.
15. Age 28, Ulcer, Low blood pressure.
16. Age 40, Hernia.





TABLE IV (Continued)

Reasons for Classification of "Substandard Risk"  
for the University Retirement System

17. Age 58, Varicosities.
18. Age 25, Intervertebral disc.
19. Age 22, Dislocated disc in back.
20. Age 23, Pregnant.
21. Age 28, Positive albumin.
22. Age 51, Hypertension.
23. Age 26, Diarrhea, Nausea, Vomiting.
24. Age 31, Hypertension, Overweight.
25. Age 22, Nasal hemorrhages.
26. Age 19, Pleurisy, Lesion of lung.
27. Age 21, Pregnant.
28. Age 26, Nervous exhaustion.
29. Age 23, Systolic murmur.
30. Age 26, Sacroiliac strain.
31. Age 32, Overweight.
32. Age 31, Nervousness.
33. Age 30, Dizzy spells.
34. Age 19, Systolic murmur.
35. Age 25, History of polio.
36. Age 54, Overweight.
37. Age 20, Low blood pressure.
38. Age 29, Crushed thoracic vertebrae.
39. Age 28, Murmur.
40. Age 35, Sinus trouble.
41. Age 24, Asthma.
42. Age 20, Pneumonia, Bronchiectasis.
43. Age 29, Overweight.
44. Age 29, Injured knee.
45. Age 31, Nervous.
46. Age 55, Tachycardia.
47. Age 26, Murmur.
48. Age 25, Overweight.
49. Age 30, Flat feet.
50. Age 28, Heart murmur.
51. Age 29, Paroxysmal tachycardia.
52. Age 54, Impaired hearing.
53. Age 28, Nervous breakdown.
54. Age 30, Low blood pressure, Chronic fatigue.
55. Age 27, No vision right eye.
56. Age 33, 20% disability, Mastoidectomy.
57. Age 50, Varicose veins, Overweight.
58. Age 28, Partial paralysis.
59. Age 30, Ragged appearing involvement in lungs.
60. Age 40, Overweight.
61. Age 31, Overweight, Malformed legs.
62. Age 40, Nephritis.
63. Age 25, Rheumatic fever.
64. Age 30, Tenderness over sacroiliac & L. adnexa.





TABLE IV (Continued)

Reasons for Classification of "Substandard Risk"  
for the University Retirement System

65. Age 28, Impaired hearing.
66. Age 26, Spastic quadriplegia.
67. Age 21, Underweight.
68. Age 18, Chronic eczema.
69. Age 22, Hearing loss.
70. Age 21, Cysts removed.
71. Age 45, Tachycardia.
72. Age 35, Infected middle ear.
73. Age 20, Overweight, Hypertension.
74. Age 19, Salpingitis.
75. Age 31, Hypertension.
76. Age 33, Overweight.
77. Age 23, Paroxysmal tachycardia.
78. Age 25, Fibroadenoma removed.
79. Age 20, Overweight.
80. Age 50, History of hypertension, Overweight.
81. Age 30, Mitral stenosis.
82. Age 51, Underweight.
83. Age 41, Acne rosacea.
84. Age 54, Varicosities, Overweight.
85. Age 21, Slight systolic apical fleeting.
86. Age 25, History of polio, Short leg.
87. Age 24, Underweight.
88. Age 29, Palpitation & fainting.
89. Age 26, Tumor, Pregnant.
90. Age 26, Nausea, Nervous headaches.
91. Age 26, Overweight.
92. Age 36, Possible cancer.
93. Age 29, Tachycardia, Hypertension.
94. Age 24, Pregnant.
95. Age 58, Varicosities.
96. Age 24, Nervousness.
97. Age 24, Lower rt. lobe obliterated by dense shadow.
98. Age 31, High blood pressure, Chronic discharge ear.
99. Age 31, Hernia.
100. Age 29, Overweight.
101. Age 30, Lues.
102. Age 30, Hypertension.
103. Age 33, Limited movement of wrist and arm.
104. Age 29, Lack of circulation.
105. Age 19, Fatigue, Headache.
106. Age 26, Varicose veins.
107. Age 19, Overweight.
108. Age 26, Overweight.
109. Age 20, Heart murmur.
110. Age 35, Congenital exophthalmos.
111. Age 35, Thyroid therapy.
112. Age 40, Nervous breakdown.





TABLE IV (Continued)

Reasons for Classification of "Substandard Risk"  
for the University Retirement System

- 113. Age 28, Gastric ulcer.
- 114. Age 44, Overweight varicosities.
- 115. Age 34, Shrapnel wound.
- 116. Age 30, History of two miscarriages.
- 117. Age 26, Overweight.
- 118. Age 18, Back injury.
- 119. Age 29, Underweight.
- 120. Age 30, Hypertension.
- 121. Age 25, Injuries back.
- 122. Age 23, Osteomyelitis.
- 123. Age 24, Hypothyroidism, Overweight.
- 124. Age 27, History of anxiety state.
- 125. Age 18, Brain concussion.
- 126. Age 30, Overweight.
- 127. Age 43, Arthritis thoracic spine.
- 128. Age 23, Hypertension.
- 129. Age 26, Nervous breakdown.
- 130. Age 23, Appendectomy, Salpingectomy, Oophorectomy.
- 131. Age 48, Varicose veins.
- 132. Age 24, Allergies.
- 133. Age 27, 10% decrease in hearing, Poor vision.
- 134. Age 30, Underweight.
- 135. Age 32, Varicocele.
- 136. Age 24, History of glycosuria.
- 137. Age 44, Suspected tuberculosis.
- 138. Age 28, Nervous breakdown, Stomach trouble.
- 139. Age 29, Systolic murmur.
- 140. Age 31, Underweight.
- 141. Age 18, Hypothyroid.
- 142. Age 27, 25% movement in knee, 40% disability.
- 143. Age 21, Heart murmur.
- 144. Age 47, Overweight.
- 145. Age 64, Systolic murmur.
- 146. Age 44, Lung removed.
- 147. Age 19, Heart murmur.
- 148. Age 25, Colitis.
- 149. Age 29, Removed tumor.
- 150. Age 31, Rheumatic fever.
- 151. Age 30, Back injury.
- 152. Age 37, Hernia.
- 153. Age 34, Growth in ear, Soft area in apex.
- 154. Age 35, Tumor.
- 155. Age 20, Poor vision.
- 156. Age 30, Thyroidectomy.
- 157. Age 25, Overweight.
- 158. Age 27, Inguinal hernia.
- 159. Age 23, Precordial pain.
- 160. Age 21, Dysmenorrhea & irregular menses.



TABLE IV (Continued)

Reasons for Classification of "Substandard Risk"  
for the University Retirement System

- 161. Age 27, Record of anemia.
- 162. Age 24, Pregnant.
- 163. Age 28, Lobe of lung removed.
- 164. Age 23, Fungus.
- 165. Age 37, Fibrosis, Underweight.
- 166. Age 42, History back trouble.
- 167. Age 22, Overweight, Hypothyroidism.
- 168. Age 25, Hypertension.
- 169. Age 19, Crep rales rt. apex of lungs, Cysts removed.
- 170. Age 46, Positive Kahn test.
- 171. Age 25, Overweight.
- 172. Age 22, Rapid heart rate, Murmur.
- 173. Age 25, Ligation of veins.
- 174. Age 30, Mucous drainage base of spine.
- 175. Age 51, Nervous.
- 176. Age 22, Slight atrophy.
- 177. Age 20, Systolic murmur.
- 178. Age 22, Pregnant.
- 179. Age 23, Hernia.
- 180. Age 19, Tuberculosis in infancy.
- 181. Age 23, Temperature & pulse above normal.
- 182. Age 24, Deaf in rt. ear.
- 183. Age 27, Pleurisy.
- 184. Age 27, Kidney fixation.
- 185. Age 27, Hypertension.
- 186. Age 17, Obesity.
- 187. Age 21, Nervous tachycardia, High blood pressure.
- 188. Age 24, Tachycardia, Underweight.
- 189. Age 26, Thyroid enlarged.
- 190. Age 25, Fractured skull.
- 191. Age 24, Leg deformity, Atrophy.
- 192. Age 27, Thyroid & ovarian hormone therapy.
- 193. Age 25, Spinal injury.
- 194. Age 29, Paroxysmal tachycardia, Underweight.
- 195. Age 28, Underweight.
- 196. Age 27, Recovery from osteomyelitis.
- 197. Age 23, Thyroidectomy.
- 198. Age 40, Hernia, History of syphilis.
- 199. Age 27, Hypertension.
- 200. Age 29, Large calcified glands.
- 201. Age 22, Pregnant.
- 202. Age 26, Overweight, History of dyspnea.
- 203. Age 25, History of chorea, Varicose veins.
- 204. Age 24, Heart murmur.
- 205. Age 22, Nerve paralysis.
- 206. Age 22, History of pulmonary tuberculosis.
- 207. Age 27, Hayfever, Asthma.
- 208. Age 20, History of kidney trouble.





TABLE IV (Continued)

Reasons for Classification of "Substandard Risk"  
for the University Retirement System

- 209. Age 24, Cystic ovary pain.
- 210. Age 24, Hypertension.
- 211. Age 26, Hypertension.
- 212. Age 22, Hernia.
- 213. Age 46, Systolic murmur.
- 214. Age 24, Systolic murmur.
- 215. Age 28, Cardiac enlargement.
- 216. Age 27, Overweight.
- 217. Age 29, Hoarseness of voice.
- 218. Age 48, Heart murmur, Underweight.
- 219. Age 41, Underweight.
- 220. Age 32, Hypotension.
- 221. Age 23, Hormone shots, Dysmenorrhea.
- 222. Age 30, Bronchitis.
- 223. Age 44, Varicose veins, Overweight.
- 224. Age 27, Back injury.
- 225. Age 33, Blind in left eye.
- 226. Age 53, Hypothyroidism, Varicose veins.
- 227. Age 32, Underweight.
- 228. Age 21, Menstrual irregularity.
- 229. Age 52, Overweight.
- 230. Age 35, Underweight.
- 231. Age 22, Pregnant, Cervix cauterized.
- 232. Age 28, Shell shock.
- 233. Age 29, Appendectomy, Mastoidectomy.
- 234. Age 21, Pregnant.
- 235. Age 33, Hernia.
- 236. Age 26, Underweight.
- 237. Age 27, Hypertension.
- 238. Age 31, History of kidney stone.
- 239. Age 21, Head injury.
- 240. Age 31, Injury foot, Tumor.
- 241. Age 31, Duodenal ulcer.
- 242. Age 25, Asthma.
- 243. Age 39, Hernia, Ragged shadows.
- 244. Age 26, Poor vision.
- 245. Age 26, Osteomyelitis.
- 246. Age 34, Heart murmur.
- 247. Age 23, Strabismus.
- 248. Age 29, Osteomyelitis.
- 249. Age 25, Heart murmur.
- 250. Age 31, Shrapnel wound.
- 251. Age 29, Underweight, Kidney stones.
- 252. Age 40, Deformity of hand.
- 253. Age 23, Systolic murmur.
- 254. Age 30, Overweight.
- 255. Age 26, Injured testicles, Injuries neck.
- 256. Age 21, Underweight, Faint murmur.



TABLE IV (Continued)

Reasons for Classification of "Substandard Risk"  
for the University Retirement System

- 257. Age 22, Epigastric distress, Chronic constipation.
- 258. Age 30, Overweight.
- 259. Age 26, Impaired hearing.
- 260. Age 35, History of mental disease in family.
- 261. Age 20, Systolic murmur.
- 262. Age 24, Neurosis.
- 263. Age 28, Appendectomy, Sterilization operation, Salpingectomy for cysts.
- 264. Age 23, Underweight.
- 265. Age 42, Hypertension.
- 266. Age 27, Overweight.
- 267. Age 27, Pregnant.
- 268. Age 25, Underweight.
- 269. Age 25, Infectious hepatitis (history of), Area of involvement.
- 270. Age 55, Overweight.
- 271. Age 30, Hypertension.
- 272. Age 20, Nervous colitis.
- 273. Age 25, Potential hernia.
- 274. Age 53, Tremors.
- 275. Age 21, Pregnant.
- 276. Age 23, Miscarriage.
- 277. Age 20, Overweight.
- 278. Age 20, Albuminuria.
- 279. Age 32, Loss of hearing.
- 280. Age 27, Punctured tympanum.
- 281. Age 30, Thyroidectomy.
- 282. Age 22, History of ruptured blood vessel in kidney.
- 283. Age 28, Overweight.
- 284. Age 24, Cloudy areas in lobes.
- 285. Age 27, History of lues.
- 286. Age 29, Thyroidectomy.
- 287. Age 23, Constipation, Food allergies, Appendectomy, Cystectomy.
- 288. Age 20, Overweight.
- 289. Age 25, Overweight.
- 290. Age 28, Appendectomy, Ovariectomy.
- 291. Age 20, Heart murmur.
- 292. Age 22, Hypertension.
- 293. Age 18, Albuminuria.
- 294. Age 29, Mastoidectomy, 50-60% hearing loss, Rupture ectopic.
- 295. Age 27, Thyroid therapy.
- 296. Age 37, Overweight, Hypertension, Allergies.
- 297. Age 28, Homonymous hemianopsia.
- 298. Age 31, Pilonidal cyst.
- 299. Age 23, Hernia.
- 300. Age 24, Soft lesion upper lobe.
- 301. Age 29, Overweight.
- 302. Age 38, History of duodenal ulcer.
- 303. Age 20, Systolic murmur.





TABLE IV (Continued)

Reasons for Classification of "Substandard Risk"  
for the University Retirement System

- 304. Age 27, 10% disability of arm, Had malaria.
- 305. Age 24, Benign bone tumor.
- 306. Age 35, Removal of tumor.
- 307. Age 19, Systolic murmur.
- 308. Age 28, Hypertension.
- 309. Age 22, Pregnant.
- 310. Age 23, Partial deafness.
- 311. Age 57, Overweight, Varicose vein operation.
- 312. Age 29, History of ulcerative colitis, Soft area involving left apex.
- 313. Age 25, Overweight.
- 314. Age 28, Nerve damage.
- 315. Age 28, Hypothyroidism, Underweight.
- 316. Age 25, Obesity, History of thyroid medication.
- 317. Age 30, Interverted disc surgery.
- 318. Age 24, Overweight.
- 319. Age 26, Avitaminosis.
- 320. Age 19, Systolic murmur.
- 321. Age 31, Overweight.
- 322. Age 34, Anemia, Hernia repair.
- 323. Age 26, History of cardiac disease & infantile paralysis.
- 324. Age 21, Pregnant.
- 325. Age 24, Pregnant.
- 326. Age 24, Tachycardia.
- 327. Age 25, Basal Metabolism - 20%.
- 328. Age 29, 10% disability - shoulder.
- 329. Age 28, History of tuberculosis.
- 330. Age 22, Small lesion in 2nd interspace.
- 331. Age 31, 50% disability due to malaria & psychoneurosis.
- 332. Age 30, Tuberculosis upper lobe.
- 333. Age 19, Tenderness lower quadrant.
- 334. Age 23, Congenital deformities.
- 335. Age 21, Nervous fatigue, Constipation, Low blood pressure.
- 336. Age 23, Low metabolism rate.
- 337. Age 27, Tumor of breast.
- 338. Age 30, Overweight, Glycosuria.
- 339. Age 31, Shortening & muscular atrophy of hip.
- 340. Age 58, Visceral ptosis.
- 341. Age 28, Had urinary infection, Neurosis.
- 342. Age 30, Overweight.
- 343. Age 47, Urticaria.
- 344. Age 30, Hypertension.
- 345. Age 26, Deformity, Had polio.
- 346. Age 24, Gall bladder attacks, Anemia.
- 347. Age 26, Heart murmur.
- 348. Age 28, Hernia.
- 349. Age 28, Spasticity.
- 350. Age 29, Crushed intervertebral disc.





TABLE IV (Continued)

Reasons for Classification of "Substandard Risk"  
for the University Retirement System

351. Age 28, Overweight, Dysendocrinism.
352. Age 21, Murmur.
353. Age 20, Calcifications, Allergic dermatitis.
354. Age 28, Fusion of vertebrae, History of gastric ulcer.
355. Age 43, Hypotension with bradycardia.
356. Age 23, Ear drum perforated.
357. Age 23, Underweight, Anorexia, Small area in apex.
358. Age 47, History of lues.
359. Age 27, History suggestive of gastric ulcer.
360. Age 23, Pregnant.
361. Age 22, Overweight.
362. Age 24, Anemia.
363. Age 24, Murmur, Hypertension (nervous).
364. Age 31, Repeated glycosuria, Marked underweight.
365. Age 22, Positive albumin.
366. Age 29, Positive sugar.
367. Age 23, Area in apex, Underweight.
368. Age 31, Systolic murmur, Hypertension.
369. Age 27, Uterine suspension, Appendectomy, Cervicectomy.
370. Age 31, Nutritional amblyopia.
371. Age 28, Pregnant.
372. Age 23, Overweight, Poor teeth.
373. Age 34, History of paroxysmal tachycardia.
374. Age 30, Backaches, Fatigue, Murphy percussion.
375. Age 28, Amputated arm.
376. Age 28, History of polio, Albuminuria, Arm and hand impaired.
377. Age 47, Hypertension.
378. Age 21, Tachycardia.
379. Age 29, Hypotension.
380. Age 24, Poliomyelitis, Paralysis.
381. Age 21, Had operation for detached retina.
382. Age 27, Diastasis recti.
383. Age 24, Overweight.
384. Age 57, Gall bladder removed, Gall stones removed.
385. Age 26, History of tuberculosis.
386. Age 23, Pregnant.
387. Age 25, Ragged area lower right.
388. Age 34, Broken neck, Fusion of vertebrae.
389. Age 28, History low back injury, Fracture sacrum.
390. Age 28, Cholecystectomy, Appendectomy.
391. Age 26, Underweight, Carious teeth.
392. Age 29, Hypertension.
393. Age 26, Underweight, History of insanity in family.
394. Age 22, Blind in left eye.
395. Age 20, Heart murmur.
396. Age 23, Murmur.
397. Age 23, Deformed finger, Nervous.
398. Age 29, Overweight.





TABLE IV (Concluded)

Reasons for Classification of "Substandard Risk"  
for the University Retirement System

- 399. Age 26, Pregnant.
- 400. Age 25, Positive Kahn test.
- 401. Age 28, Appendectomy, Thyroidectomy, Underweight.
- 402. Age 30, 10% disability, Old wound in toe.
- 403. Age 47, Hernia.
- 404. Age 21, Pelvic surgery.
- 405. Age 24, History of puerpera.
- 406. Age 31, Chronic pain.
- 407. Age 47, Hernia.
- 408. Age 28, History of polio.
- 409. Age 22, Heart murmur.
- 410. Age 29, Asthma, Hayfever.
- 411. Age 21, Ovary removed.
- 412. Age 21, Pregnant.
- 413. Age 20, Tumor, Nervous breakdown.
- 414. Age 26, Epigastric symptoms.
- 415. Age 25, Psychoneurosis hysteria.
- 416. Age 40, Malformations spinal vertebra.
- 417. Age 22, Systolic murmur, Thyroid treatment.



TYPES OF LABORATORY TESTSState Laboratory

<u>Type of Test</u>	<u>Negative</u>	<u>Positive</u>	<u>Total</u>
Kahn Tests for Syphilis	4029	19	4048
Smears for Gonococci	15	4	19
Smears for Diphtheria	3	-	3
Sputum Tests	262	2	264
Feces Examinations			
Cholera Vibrio	1	-	1
Parasites	13	-	13
Typhoid Bacilli	30	-	30
Blood Examinations			
Heterophile Agglutination	8	1	9
Undulant Fever	3	-	3
Gastric Analysis (Tuberculosis)	1	-	1
	<u>4365</u>	<u>26</u>	<u>4391</u>

Health Service Laboratory

Urinalyses			
Routine	7358	-	7358
Acetone	-	1	1
Sugar	-	64	64
Bile	-	1	1
Microscopic			
Bacteria	-	30	30
Casts	-	6	6
R.B.C.	-	41	41
W.B.C.	-	79	79
Mouth and Throat Smears			
Streptococci	-	30	30
Staphylococci	-	10	10
Diplococci	-	25	25
Vincent's Angina	299	47	346
Gram Negative Bacilli	-	16	16
No organisms present	-	54	54
Urethral Smears	47	5	52
Miscellaneous Smears			
Feces	2	1	3
Gums	3	-	3
Nasal	1	-	1
Pin worm	1	-	1
Blood Studies			
CBC	-	103	103
RBC	-	153	153
WBC	-	201	201
HB	-	203	203
Diff	-	110	110
Malaria	-	1	1
Sedimentation Rates	-	65	65
Blood Chemistry			
Blood Sugars	15	-	15
Blood Cholesterol	2	-	2
Non-protein Nitrogen	1	-	1
	<u>7729</u>	<u>1246</u>	<u>8975</u>

GRAND TOTAL 13366





TABLE VI

	<u>X-Rays</u>		
	<u>Students</u>	<u>Non-Students</u>	<u>Total</u>
Number of X-rays (McKinley)			
Men	326	1735	2061
Women	106	1535	1641
Number of X-rays (D. T. C.)	-	-	<u>8137</u>
		Grand Total	11839

TABLE VIII

CLASSIFICATION OF COMMUNICABLE DISEASES

Incidence of Communicable Disease in the  
Student Body for the Biennium 1948-50

	<u>1948-49</u>	<u>1949-50</u>
Chickenpox	4	6
Conjunctivitis, Acute	123	136
Diarrhea	-	29
Dog and other animal bites	-	11
Dysentery	1	-
German Measles	-	1
Impetigo Contagiosa	59	46
Influenza	37	4
Malaria	1	-
Measles	19	2
Mumps	4	1
Pneumonia, Bacterial	1	-
Rheumatic fever	4	-
Scabies	9	7
Syphilis	-	1
Streptococcic Sorethroat	89	7
Trichinosis	-	1
Tuberculosis	-	2
Vincent's Angina	<u>38</u>	<u>18</u>
Totals	389	272











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